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ABSTRACT

A study was made of the extent of South African Indians', coloreds', and Whites' familiarity with the concept of parent training (PT) and the availability of PT facilities. A stratified random sample of 1,500 persons from each group was drawn for a total sample of 4,500, and data from the 2,793 questionnaires returned were analyzed. Findings indicated that: (1) respondents were generally unaware of PT and its purpose; (2) very few attended PT courses; (3) respondents agreed that a great need for PT exists and that PT is of great value; (4) friends and relations were considered to be as effective a source of referral as advertisements and articles; (5) churches and clinics seemed to be the main PT organizers and social workers predominated as trainers; (6) people believed that communication, teenage problems, school and learning difficulties, and sex education could be handled by PT; (7) more than half of the respondents claimed that they were not presently experiencing problems with their children; (8) only one quarter of Indian and Colored respondents reported knowing how to relax, while nearly one half of whites said they knew how; (9) one in four of the respondents requested information about parenting in general; and (10) the helping professions in the Republic of South Africa seemed to concentrate on treatment rather than prevention. It is concluded that parent training remains a priority in South Africa at the present time. The questionnaire is appended.(RH)

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An investigation into the knowledge and use of parent training in South Africa

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Glenda Hicks

Report P-65

An investigation into the knowledge and use of parent training in South Africa

Glenda Hicks

Pretoria
Human Sciences Research Council
1988

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OPSOMMING

'N ONDERSOEK NA DIE KENNIS EN GEBRUIK VAN OUEROPLEIDING IN SUID-AFRIKA

Die meeste sielkundiges glo dat hulle deur ouers op te lei om op 'n sekere manier op te tree 'n invloed kan uitoefen op die manier waarop daardie ouers se kinders optree en reageer en ook kan bepaal hoe die kinders as volwassenes sal optree. In die lig van die toename in die voorkoms van terrorisme, misdaad, dwelmmisbruik en ander mensverwante probleme kan hierdie invloed van groot waarde wees. Ten spyte hiervan word egter beweer dat ouers meer geld en tyd bestee daaraan om te leer om 'n motor te bestuur as om te leer om 'n ouer te wees! Hierdie ondersoek het vasgestel hoe bekend die verskillende rassegroepe was met die begrip van oueropleiding en watter fasiliteite beskikbaar was. 'n Gestratifiseerde steekproef van blankes, kleurlinge en Indiërs is saamgestel deur die Raad vir Geesteswetenskaplike Navorsing se Meningspeilingsentrum. Die resultate en die implikasies daarvan word bespreek.

SUMMARY

AN INVESTIGATION INTO THE KNOWLEDGE AND USE OF PARENT TRAINING IN SOUTH AFRICA

Most psychologists believe that by training parents to behave in a certain way, they can influence the way in which these parents' children act and react, and determine the way in which they will behave as adults. With the increasing incidence of terrorism, crime, drug abuse and other people-related problems, such influence is of potentially enormous value. Despite this, it has been said that parents spend more money and time on learning to drive a car than on learning to be a parent! This study assessed how familiar various racial groups were with the concept of parent training and what facilities were available. A stratified sample of whites, coloureds and Indians was compiled by the Human Sciences Research Council's Opinion Survey Centre. The results are discussed together with the implications that arise.

1. INTRODUCTON

Your children are not your children,
They are the sons and daughters of life's longing for itself.
They come through you but not from you.
And though they are with you yet they belong not to you.
You may give them your love but not your thoughts,
For they have their own thoughts.
You may have their bodies, but not their souls,
For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dream.
You may strive to be like them but seek not be make them like you,
For life goes not backward nor times with yesterday.

(*The Prophet*: Kahlil Gibran)

This quotation describes parenting, or maybe, more accurately, the reality of being a parent. Parent training can be regarded as the method whereby this extract from Gibran's writings can be put into action.

1.1 DEFINITIONS

1.1.1 Training and Parenting

Training is defined as "the process of bringing a person to an agreed standard of proficiency by practice and instruction" (Collings, 1979) or as *the systematic transfer of knowledge and the development of skills, insight and attitudes in an individual, in order to perform adequately a given task, or job.* The specific task, or job, referred to in this report, is that of parenting. Parenting is the full responsibility that an adult takes for a child until the child reaches adulthood. We usually think of this in connection with the biological parents, but this is not necessarily the case. It is as well to remember that biologically a good parent is one whose offspring survive and reproduce (Anthony & Benedek, 1970: 36). In our society we expect more, and indeed do more than that. A broader definition is given by Anthony and Benedek: *Parenting is socializing* (1970: 74).

This task can be the responsibility not only of the biological parents, but the grandparents, adoptive parents, foster parents and indeed anybody who accepts the responsibility of a child on a full-time basis.

Parenting can therefore be seen as the function of the person in the role of parent.

1.1.2 Parent Training (PT)

This report is not concerned with the treatment of children by using parents, but with the training of parents to raise their children to be self-actualising adults.

Although treatment facilities for children are provided by different organizations such as child guidance clinics, hospitals and universities, this study focuses on the PT opportunities. Training might prevent the need for treatment. *Training is an educational experience - it's not therapeutic treatment* (Gordon, 1970: 267).

The common myth that parenting skills come naturally is being dispelled by the increasing number of abused and neglected children, families in crisis, and insecure and anxious parents in our society. *No one ever taught me how to be a parent!* is a frustrated cry for help that is frequently heard in the counsellor's office.

Although we learn most necessary living skills through formal and informal education, rarely are we trained for one of the most important life tasks: parenting (Lange, 1983: 183). Lange (1983) identifies childbirth and parenting as normal human functions traditionally handled by the family and believes that these resources need to be mobilised so that with preparation, training and assurance, parents can be effective in their task.

A contrasting view is that of McKim who wrote *Parenthood is not natural, and children have the right to trained parents* (1983: 266). She was reviewing a book by Minden (1982) who in a survey of parents

found 41 % reported parenting as a frustrating and negative experience with only 22 % finding being a parent fulfilling and positive.

The leader column in the Star (27 June 1984: 10) highlighted the vicious cycle of parents failing in their task so that the children become unstable, incompetent grown-ups. This cycle needs to be interrupted. PT is one possible way, and seems to be needed in our time.

It is the awesome responsiblity of parenting, the need for prevention and not cure, the horror of increasing child abuse statistics, the decreasing age of drug abuse and the sad lack of pleasure in parenting which stimulated interest in this topic of PT.

1.2 TRADITIONS

The human family, originally concerned primarily with survival, took care of their young satisfactorily. Grandmothers, with more experience, parented.

It is still common among South African black people, for grandmothers to do the parenting of grandchildren while the parents work in the urban areas.

In the past three decades a number of books became available on parent guidance. The Psychological Abstracts Database known as *Dialog* identified one thousand and eleven books and articles on the subject of parent guidance which were published from 1967 to 13 August 1984.

Most of the books seem to place the emphasis on the training of the child while they lack training information for the parent (for example the books of De Kock, 1958; Bowley, 1958). They inform the parents of the child's needs, but do not guide the parents on how to fulfil these needs (Larson, 1930).

Some books are of a general nature such as *Between Parent and Child* (Ginott, 1969), or more specific on one subject e.g. *What every child*

would like parents to know about divorce (Salk, 1978), *Help for the overweight child* (Wolff & Lipe, 1980) or *Where do I come from?* (Mayle, 1973). These books also seem to focus on being informative and educational rather than training the parent on how to cope with his child.

If parent training is seen as advice (which forms only part of it) the warning is given by Belsky (1984: 87) that advice *may not always serve a truly supportive function or facilitate parenting especially when the advice is contrary to an individual's own inclinations.*

It is quite clear that reading books is not enough. Patterson (1968: viii) was aware of this and so provided cassette tapes to provide parents with more than just the written word. PT is specifically needed. This may also not be enough and professional help may then be indicated.

2. SURVEY OF LITERATURE

2.1 PURPOSE OF PT

Rim (1981: 513) states that according to most personality theories, at least some relation between patterns of behaviour in childhood and the way people behave as grown-ups, is hypothesized. The goal of PT is to establish healthy patterns of behaviour in adulthood.

All parents want their children to be secure and happy (Ginott, 1969: xiii). The purpose of PT is to help parents attain this goal. Parent training gives parents skills which they can use to meet the needs of parenting (Gordon, 1975: 77; Briggs, 1975; Patterson, 1968; Simon & Olds, 1977; Salk, 1978; Wolff & Lipe, 1980).

Gordon (1970: 10) points out that the training experience in a PT course is vastly superior to theoretical knowledge obtained from a book and warns that *taking a course is not necessarily equivalent to learning something* (1970: 1). During a course knowledge must be assimilated and skills learnt. This places a great responsibility

on the people presenting a PT programme as well as the parents attending such a programme.

Gordon (1970: 264-287) lists various reasons why parents seek training. They are: in order not to repeat their own parents' mistakes, to improve their parenting, to avoid being anxious about the parenting role, because of problems being experienced with a child, the need to know whether to be permissive or authoritarian and as a result of a crisis and/or tragedy. He states that resistance to PT comes from the myth that the ability to parent is natural.

2.2 THE VALUE OF PT

PT is based on a theory of human relationships that is applicable to any and all relationships between people, and not only to the parent-child relationship (Gordon, 1970: xii).

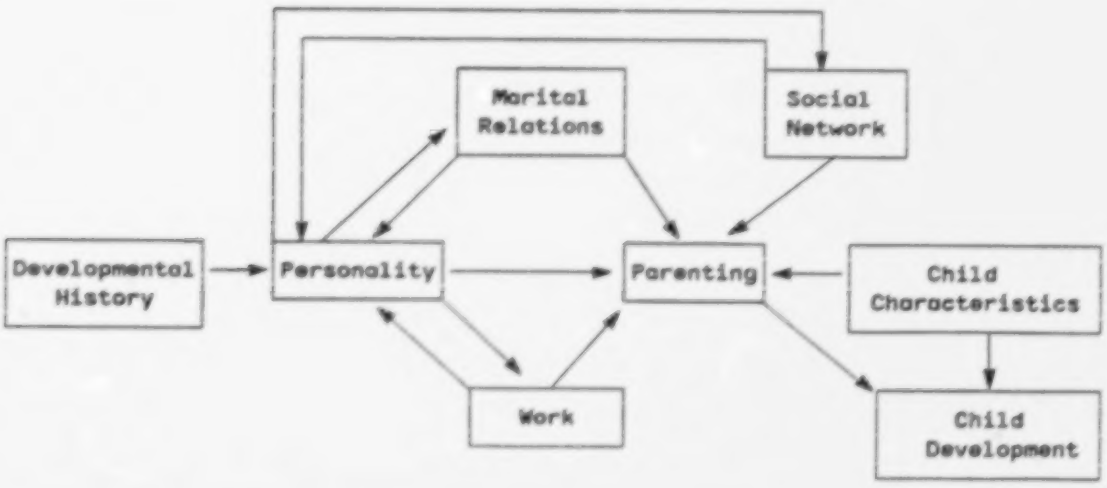

FIGURE 1: A PROCESS MODEL OF THE DETERMINANTS OF PARENTING

Parenting is multi-determined. Belsky (1984: 94) describes a process model of the determinants of parenting which is represented in figure 1.

Parent training can be seen as being a social network influence. It is clear that parent training alone will not suffice to develop good parenting, but it can be seen as a real determinant and influence. Gordon (1971: 2-3) identified parents as *probably the most important determiner* of their child's future emotional health.

Belsky (1984: 83-93) dicusses the kind of parenting that appears to promote optimal child functioning. There seems little doubt that *personal maturity, psychological well-being, and growth-facilitating parenting covary with each other* (Belsky, 1984: 85). Parent training is one possible way of counteracting the deleterious variables that have been identified, and breaking the vicious cycle of parents repeating the mistakes that their parents made.

The child can make parenting difficult (Belsky, 1984: 86). The conclusion is that neither temperament nor other child characteristics per se shape parenting, but rather the *goodness-of-fit* between parent and child determines the development of parent-child relations.

In parenting it is also necessary to look at the contextual sources of both stress and support (Belsky, 1984: 87) as support is positively related to parental functioning. Such support is provided by friends, relations and spouse. They too, however, can be a source of stress.

The importance of parent training appears to be well established in the eyes of the popular press when looking at such articles as *Do you have a licence to produce and rear children*" (Leyde, 1983: 3) and Tell children how you really feel (Le Shan, 1983: 81-83). In neither of these articles, however, were the readers directed to where or how they might get parent training. This appeared to be a real shortcoming.

The value and need for PT was clearly identified by the president of the National Committee for Prevention of Child Abuse in the United States who gave the following reasons for parental training (apart from the obvious one of preventing child abuse): to teach sound parenting concepts so as to deal with family problems, strengthen relationships and develop the child as a responsible, independent adult (Gordon, 1975: 1).

2.3 THE HISTORY OF PT

Historically, Freud's case of Little Hans was possibly the first case of parent training by a professional where a parent helps a disturbed child. Parent education is attributed to the work of Alfred Adler, the Viennese psychiatrist, who established the first child guidance clinic in Vienna in 1922 as he believed strongly that education was the most efficient method for preventing emotional disturbance (Croake, 1983: 63).

Levant (1983: 13) noted that the first recorded parent education group in the United States of America was in 1815. Research stimulated the development of programmes with the emphasis on the parents' motives, thoughts and feelings. Levant (1983: 13) observed that most of these discussion group programmes failed to attract and hold many parents.

The Philadelphia Child Guidance Clinic was founded in 1925 and *has been dedicated to promoting the emotional well-being of children and their families. Underlying these efforts is the belief that all families have the potential to join together to make the changes necessary to help troubled children and solve family problems ... Community education activities help the public learn more about family problem solving, parenting and child development* (Philadelphia Child Guidance Clinic 1983 Annual Report). From the above it is clear that this famous clinic values parent training.

In South Africa, the Johannesburg Child Guidance Clinic became independent from the Mental Health Society in 1944. Examining previous

years' annual reports, a quarter of the referrals were from family and friends with the reason being mostly (more than a third) school difficulties in 1980, *neurotic* difficulties in 1981 and behaviour and emotional difficulties in 1983. No PT appears to have been offered or given.

Increasingly the statement is made that BEFORE young people become parents they need to learn about the responsiblities of child rearing (Salk, 1978: 140). In the RSA the schools are only beginning to give attention to this.

Formal parent training is relatively new (Gordon, 1970: 264) and dates from about 1950 when human relationships began to be studied. Specific emphasis on the relationship has received attention in PT only since the 1960s (Gordon, 1970: 287). Gordon (1970: 329) credits the origins of much of his philosophy and basic attitudes about people to Carl Rogers who published his book called *Client-Centered Therapy* in 1951.

Briggs (1975: xiii) emphasizes the need for PT in the development of mental health and acknowledges her debt (1975: 231) to Gordon. In her book she refers to classes for parents (1975: 309) moving away from the guidance and therapy basis that had been prevalent, as classes are associated with education and training. The emphasis has changed from corrective, remedial treatment to the development of desirable behavior (Patterson, 1976: vii; Wolff & Lipe, 1980).

Simon and Olds (1977: 23) identified that though *values cannot be taught, ... the process for arriving at them can be.* This is a revolutionary concept as most parents have up to now relied on *moralizing, manipulating,* and *modelling* which in our changing world are *no longer valid teaching tools* (Simon & Olds, 1977: 18). This changed concept had a definite influence on the development of parent training, and this influence was strengthened by Gordon's (1970) development of the skill of *active listening.*

In 1983 the term *parent training professionals* (Budd et al., 1983: 374) was used for the first time indicating the progress and positive attitude towards parent training programmes.

Raising children may be the hardest thing you'll do in life. It goes on as long as you are parent (Glasser, 1978: 1). This quotation acknowledges the challenge of parenting. In the changing world in which we live, PT has disappeared from being the private concern of the family and has developed a formal professional nature. Its focus is on prevention and education and not on treatment or therapy.

3. PT PROGRAMMES

3.1 AVAILABLE PROGRAMMES

Levant (1983: 5-27) looked at psychological-educational and skills training programmes for treatment, prevention of problems and development of the family. He noted that there had been a proliferation of such programmes in the last 15 years, so much so that it has been called a new *professional field*. These programmes, he noted, were derived from a therapeutic approach with an emphasis on prevention and the use of non-professional helpers. They represent, too, the shift away from the medical model to an educational one. Some of the fields covered are marriage enrichment, family life education, childbirth education, premarital counselling, divorce counselling, and parent education. He went on to classify the programmes according to the following dimensions:

a) the programme objective, e.g. remediation or enrichment

b) the focus of the intervention, i.e. a particular problem or role

c) the field within which the programme originated, e.g. parent education, and

d) theoretical orientation, e.g. Adler's approach, transactional-analysis, rational-emotive therapy, reality-therapy and client-centered therapy.

The warning is given that a flood of programmes can create confusion and uncertainty in parents (Van Wyk, Eloff and Heyns, 1983: 273). This has relevance in the United States of America, but is unlikely at present in South Africa where few programmes are known to be available.

It is also advisable to recognize that *It is probable that one teaching style cannot be used for all parents* (Dumas and Wahler, 1983: 311). It is more likely that different programmes will be effective with different groups of people, and that further research, can help to relate the type of programme to the type of person being trained.

In the RSA help and advice is given to parents by the following agencies:

a) the visiting nursing services

b) school medical services

c) the Parent Teachers Association which often attempts to train and guide parents by offering lectures on relevant subjects. Very little is actually accomplished beyond the odd lecture.

In theory parents need to be involved in their child's education. In practice there is very little involvement. Gibson (1978: 10) stated: *Bring parents into the school as if they belonged there.* He emphasizes the importance of the parent-teacher relationship.

In a *Guide to Health and Social Services in the Johannesburg Area* (Schreier, 1978), the emphasis is on whom to contact when a problem is known. Enquiries revealed that there were facilities for therapeutic help but little for preventative work, i.e. actual courses to prepare for or cope with parenting. PT courses are offered such as that based on Thomas Gordon's Parent Effectiveness Training (PET) where the fees in 1984 were R120 (the equivalent of 24 movie tickets) for 10 sessions of two and a half hours weekly, as well as the STEP programme both described in the next section.

Before discussing specific programmes, it is useful to describe three approaches that can be identified.

a) Parent Education

Levant (1983: 13) quotes Croake and Glover's 1977 definition of parent education as *purposive learning activity of parents who are attempting to change their method of interaction with their children for the purpose of encouraging positive behaviour in their children.* Croake (1983: 67) later defined parent education as that which teaches diagnosis and remediation techniques. Parents can undoubtedly benefit by additional information such as the child's reaction to praise and punishment.

All the current Adlerian parent education programs are based upon the teachings of Alfred Adler as interpreted by Rudolf Dreikurs (Croake, 1983: 65). Dreikurs' interpretation of the Adlerian theory was developed in 1976 into the *Systematic Training for Effective Parenting* (STEP) of Dinkmeyer and McKay (Croake, 1983: 69; Levant 1983: 13). Levant (1983: 14) states that research on the effectiveness of STEP has been very limited and is clearly needed on account of wide use of the programme.

b) Behavioural approach

Graziano (1983: 47) has a behavioural approach towards parent training remediation in the treatment of severe disturbances such as autism; psychological problems related to somatic conditions such as enuresis, negativistic, oppositional and noncompliant behaviour such as aggression and *out of control* behaviour; reducing children's fears; and speech and language problems. He suggests that training parents in behavioural techniques may be an appropriate and effective intervention in child abuse. Graziano (1983: 53) states that *parental behavioural training implicitly operationalizes the concept that personal life control resides in the individual and in the family.* The benefit of this is that it emphasizes the active teaching of skills and so avoids the extreme dependence on the professional.

There is no doubt that parents need information on how to deal with their children (Patterson, 1968: v) and it is believed that information found in books teaching behavioural skills (e.g. *Living with children* which was written by G.R. Patterson in 1968) should be incorporated into parent training educational programmes.

Dumas and Wahler (1983: 302), in reviewing the literature on outcome research, conclude that behavioural-orientated parent training and therapy with disadvantaged families is likely to fail as so many factors such as variables of income, education, family composition and size, source of referral and area of residence operate against such training. This is clearly a factor to be borne in mind.

c) Relationship enhancement approach

Here the interest is not focused on treatment or on problems, but on education and prevention. Levant (1983: 6) calls this approach *Training for enhancement*. He describes this approach (1983: 8) as providing skills training in the following:

(a) the expressor mode where the parent learns skills of self-awareness and self-expression;

(b) the empathetic responder mode which includes listening and responding skills;

(c) mode switching in which parents learn how to change modes to facilitate communication;

(d) the facilitator mode for the participants to help others to develop the first three sets of skills;

(e) problem-solving and conflict-resolution skills using the three sets of skills;

(f) maintenance and generalization skills using home practice.

In Levant's (1983: 29-46) review of the literature on client-centered skills training programmes for the family, Parent Effectiveness Training (Gordon, 1970) receives the most attention. It is based on empathy, genuineness and personal regard in the relationship.

3.1.1 STEP and Parent-time

The object of the STEP course is to teach democratic child-rearing. This includes the four reasons of a child's misbehaviour (attention, power, revenge or inadequacy), learning that the misbehaving child is a discouraged child and replacing reward and punishment with the natural and logical consequences of behaviour. The programme also teaches participants how to hold family councils. It is designed for up to twelve participants meeting once a week for two hours for a period of 9 weeks (Levant, 1983: 13). STEP is available in South Africa and is being used by the Pretoria Child Welfare for example. Croake (1983: 70) summarizes research with regard to the effectiveness of Adlerian parent education as promising though not as positive as either Parent Effectiveness Training (Gordon, 1970) or behaviour modification (which are described in the following sections).

Another available parent educational programme that has been developed is Parent-Time (Cohen & Irwin, 1983: 196). It was specifically developed for parents of adolescents with the purpose of increasing parents' knowledge and decreasing their anxiety. The programme was is developed for a group of 7 to 8 parents meeting for a 1½ hour session over a period of five weeks at the cost of $25 in San Francisco. Rosenthal (1984: 74) states that parents and their adolescent children live together in relative harmony while Foreman and Seligman (1983: 22) disagree with this and state that it is possibly useful to teach parents communication skills, transactional analysis and behaviour modification techniques to help them change the nature of the interaction between themselves and their adolescent children. They suggested Parent Effectiveness Training (PET).

3.1.2 PET

This programme is based on the relationship enhancement approach and was developed in the United States of America by Thomas Gordon in 1970. Levant (1983: 41) summarized the outcome of 23 PET studies conducted up till 1981 and stated that overall the results were not encouraging, yet in the following paragraph he says *this bleak picture is misleading* because of methodological problems such as small samples etc. He concluded that *there is a modest degree of support for the efficacy of PET* (1983: 41). *PET appears to result in positive changes in parent attitudes (self-report) and behaviour (child rated)* (Levant, 1983: 9). An advantage of PET is that it saves personnel and time. An example of the economy of the programme is illustrated by a comparison between the PT programme of Budd, Riner and Brockman (1983) and that of Gordon (PET). In the programme of Budd et al., seven parent couples who sought professional help, were divided into three groups for training purposes. The goals of training were the learning of general behavioural principles, problem solving strategies and application of child management skills (Budd, Riner and Brockman, 1983: 381). These appear similar to those which are taught in the PET course. One difference is that this group sought remedial help whereas the PET emphasis is preventative. The duration of the groups was the same. Budd et al's programme was less economical in that three groups were held to train the fourteen parents whereas in a PET programme the 14 parents would be accommodated in one group - thereby saving time and manpower.

4. PURPOSE OF THE RESEARCH

Gordon (1970 : 348) conducted research on the efficacy of parental training and positive results have been recorded (Gordon, 1970: 302-303; Levant, 1983: 41). Undoubtedly further research is still needed in this important area of human behaviour. Little scientifically based research appears to have been carried out in the area of parental training.

Although PT programmes are available in the Republic of South Africa no information is apparently available regarding attendance figures. This study was undertaken in order to explore and assess the level of awareness and use of PT, as well as the need. Questions that may be asked could include:

- Are South Africans in general aware of the availability of organized PT?

- How aware are the different population groups of the availability of PT?

- Is there a need for PT among the different population groups?

- What sort of problems do parents experience with regard to their children?

5. THE SURVEY DESIGN

5.1 THE SAMPLE

A stratified random sample of 4 500 (1 500 each) of coloureds, Indians and white South Africans was drawn. For reasons of economy and practicality only urban areas of each province were included in the sample. Areas indicated randomly by computer were proportionally represented in the sample. The addresses were supplied to the interviewers who made return visits where necessary in order to interview the identified respondent. The randomness of the sample was ensured with the principle of non-substitution adhered to as in all Human Sciences Research Council (HSRC) surveys. In the case of this study, where only parents with children who resided with them met the requirements of the sample, this obviously led to diminished sample size. According to this principle no respondent that has not been sampled in the first place can be a substitute for those in the sample.

Although the sample was drawn according to rigid specification taking variables like sex, age and race into consideration the actual

questionnaires returned were only 722 from a possible 1500. This may be due to the fact that the questionnaire was combined with another questionnaire and the specific respondent may not have been a part. A marginal and clerical encoding error must also be taken into account. The distribution of the final sample according to race can be seen in Table 1.

TABLE 1

DISTRIBUTION OF THE FINAL SAMPLE ACCORDING TO RACE

	Coloureds	Indians	Whites
Original stratified sample	1 500	1 500	1 500
Final sample used for data analysis	965	1 106	722
% of original sample	64,3 %	73,7 %	48,1 %

The lowest percentage for the final sample was from the white population according to the above table. This might be due to:

(i) coincidence;

(ii) that the coloured and Indian populations are more prepared to co-operate in surveys or;

(iii) that they are responsible for more children and more likely to be respondents in the survey.

Unfortunately blacks could not be included in this survey as a stratified sample of black people in the RSA could not be drawn due to black census difficulties that have not yet been overcome.

5.2 THE QUESTIONNAIRE

The questionnaire was entitled: *A Multipurpose Survey: Marriage partner selection and parent training* and is available on request. It was personally administered by co-workers of the HSRC Opinion Survey Centre during June and July 1984. Each interviewer was trained and belonged to the same racial group as the interviewee. The respondents answered anonymously. The purpose identified for the respondents was to discover the public's knowledge and possible need for parent training. The interviewer obtained the biographical data and if the respondent fulfilled the criteria of the parent training questionnaire the respondent continued to complete the questionnaire. These criteria were that:

(1) The respondent had to be between the ages of 18 and 64 and have had children, or had brought up children, including adopted, foster or stepchildren.

(2) The children needed to have lived with the respondent for at least half their childhood years.

(3) Childhood was defined as up to the age of nineteen years.

The questionnaire contained nineteen questions regarding PT. Eight were of the yes/no type and eleven were open-ended. Not all questions were necessarily applicable to all respondents.

5.3 THE METHOD OF ANALYSIS

Frequency tables of all the variable were computed (see Appendix). Both the Logit Model Analysis and CHAID techniques were used for the statistical analysis of the data. According to the CHAID programme no dendrogrammes of significance (1 % or 5 % level) could be drawn.

5.4 STATISTICAL DESCRIPTION OF THE FINAL SAMPLE

Forty per cent of all the respondents were male and 60 % were female.

Twenty-six comma four per cent were between 18-30 years of age, 41,9 % were between 31 and 45 years with 31,7 % over 45. This distribution shows that the people of childbearing age form the greater part of the sample (68,3 %).

Thirty-eight comma three per cent of the respondents were Afrikaans-speaking and 54,4 % were English-speaking. Three comma seven per cent were bilingual and 3,6 % spoke other languages at home. This seems to be a fairly realistic distribution. The higher percentile of English-speaking respondents could be accounted for by the indusion of Indian respondents who speak English at home..

There were three categories for educational levels:

- Illiterate (Standard 3 qualification and lower), 3,3 %;
- Literate (Standard 4 qualification up to standard 9), 46,4 %;
- The educated group with Standard 10 qualification and higher, 50,3%.

It is clear that the more educated group forms half of the sample. This has the implication that should these respondents have no knowledge of PT, PT would possibly be relatively unknown in the Republic of South Africa. Single parents formed 27,2 % of the sample which indicates that it is necessary to cater for the single parent in PT groups.

6. THE RESULTS AND DISCUSSION

6.1 KNOWLEDGE AND ATTENDANCE OF PT

With regard to knowledge of parent training the following results are listed in Table 2.

TABLE 2

AWARENESS OF PARENT TRAINING PER RACE

Level of awareness	%	% Coloureds	% Indians	% Whites
Not aware	79,8	85,9	87,1	60,4
Attended PT	4,9	3,8	4,1	7,6
Aware but never attended	15,3	10,3	8,8	32,0
Total	100	100	100	100

It seems that the sample population of the Republic is very much unaware of PT (79,8 %). In this category the coloureds and Indians appear to be most in need of information about PT although more than half (60,4 %) of the whites are unaware of PT as well. These results indicate that there is a great need for education with regard to PT programmes.

According to Table 3 it seems that more women than men attend PT. This might be due to the phenomenon of the single parent or to cultural role expectations.

TABLE 3

ATTENDANCE ACCORDING TO SEX

Awareness of PT	Sex	
	Men %	Women %
Not aware of PT	80,5	79,6
Attended PT	(n = 41) 3,9	(n = 87) 5,6
Aware but never attended	15,6	14,8
TOTAL	100	100

6.2 ENVISAGED VALUE OF PT

TABLE 4

THE VALUE OF PT

Levels of awareness	Believe PT of no value	Of limited value	Certainly of value	A great deal of value	Total
Not aware	2,8	10,3	31,3	55,6	100 %
Attended PT	1,6	7,0	36,7	54,7	100 %
Aware but never attended	2,3	11,7	37,9	48,1	100 %

From the above table it is clear that people who have attended PT believe that it is of definite value (91,4 %). It is interesting to note that even people who have been unaware of PT *also* believe that it is of value (86,9 %). The question is why people who are aware of PT and believe it is of value (86,0 %) have not attended. This might be due to the following:

- unavailability of courses in their area;
- cost of training courses;
- inconvenience of the time and place where the course is offered.

According to Table 4 very few respondents believe that PT is of no value.

6.3 INFORMATION ABOUT PT PROGRAMMES

With regard to information about PT programmes four aspects should be considered, viz. source of information, organiser, trainer and costs.

Table 5 gives a summary of the sources of information.

TABLE 5

SOURCES OF INFORMATION ABOUT PT

Sources	% Frequencies
Not aware of PT	79,8
Friend/relative	6,1
Professional person	3,9
Advertisement/article	6,5
Personal approach	1,0
Other means	2,7
TOTAL	100

It is interesting to note that friends and relations are just as good a source of information as the written word. This places a big responsibility on the people offering the course. If the course is not worthwhile it will not stimulate more referrals.

With respect to the organizer of the PT courses the question was asked: *Who offers or gives these programmes or courses.* The following responses were found:

TABLE 6

ORGANIZERS OF PT COURSES

Organizers	% Frequencies
Not aware of PT	82,2
Church	4,7
School	3,2
Hospital	1,3
Clinic	5,1
Private practitioner	1,4
Other	2,1
Total	100

The organization of PT courses appears to be in the hands of clinics and churches at the moment.

With regard to the trainers of the courses an indication is given in Table 7.

TABLE 7

COURSE TRAINERS*

Trainer	Percentage
Social worker	35,5
Teacher	17,4
Psychologist	21,0
Non-professional	26,1
TOTAL	100

Courses are mostly given by professionals.

Looking at costs it was found that most of the time the courses were offered free of charge (33,1 %) in spite of the fact that 47,6 % of the people attending PT courses had an income of more than R22 000 p.a.

*The percentages were calculated from the responses of those respondents who had attended courses.

6.4 NEED FOR PT PROGRAMMES IN THE RSA

From the interviews held, it appears that there is an overwhelming need for PT regardless of whether they are aware of PT courses or not (See Table 8). The CHAID programme indicated no significant differences with regard to their opinion between Indians, whites and coloureds for the need for PT.

TABLE 8

NEED FOR PT IN THE COMMUNITY

	Answer to: Is there a need for PT?			
Level of awareness	Yes %	No %	Unsure %	Total %
Unaware of existence of PT	88,4	3,3	8,3	100
Attended PT	93,0	3,1	3,9	100
Aware of PT but never attended	86,5	4,8	8,7	100

6.5 PROBLEMS OF PARENTING IN GENERAL

When the parents were asked about how they deal with a problem in connection with their children, 24,5 % replied that they asked for professional help. (At this stage in the questionnaire, no discussion of problems had taken place.) The majority (47,6 %) said that they solved the problem themselves without consulting books or other people. Sixty-three comma six percent of the respondents believed that parenting would have been easier for their own parents if they had had parent training.

Parents were then asked about problems experienced with their children. These were itemised from them and the results produced in Table 9.

TABLE 9

PROBLEMS BELIEVED TO BE RELIEVED BY PT

Problems that can be relieved by PT	Percentage
Communication	82,2
Teenage	78,9
Learning	77,6
School	76,6
Sex education	75,7
Disobedience	69,0
Stealing	63,3
Lying	61,7
Fighting	59,8
Temper	59,7
Bed wetting	52,7
Sleep	49,8
Nail biting	48,7
Thumb sucking	46,9
Eating	46,4
Hair pulling	41,3

It is obvious that to parents communication problems, teenage problems, learning and school problems as well as sex education are of the greatest concern. These results correlate with the fact found by Olivier (1982 + 1983) that 12,2% whites, 3,9% Indians and 15,8% coloureds have communication problems with their spouses and children. Eighty comma seven percent of the Indians, 88,7 % Coloureds and 85,1% Whites wanted sex education to be provided for their children at school. With regard to school and learning problems, the Centre for Child and Adult Guidance of the HSRC and the Johannesburg Child Guidance Clinic both find this to be the most common reason for referral.

6.6 CURRENT PROBLEMS EXPERIENCED BY PARENTS WITH THEIR CHILDREN

The current problems experienced by parents with their children are given in Table 10.

TABLE 10

PROBLEMS WITH CHILDREN

Problem	Per cent parents experiencing problem
No problems at present	61,5 %
Disobedience	5,9 %
School and learning	4,7 %
Fighting and arguing	3,3 %
Other (unspecified)	3,0 %
Eating	5,5 %
Bed wetting	2,2 %

From the information received and discussed in Section 6.5 it is doubtful whether 61,5 % of the respondents were not experiencing any problems at all with their children. The sensitivity of this question may have precluded an honest answer, whereas the previous question was less threatening because it was less personal. Statistical information is only reported on the first six problems according to rank. (26 categories were identified.)

6.7 RELAXATION

Parents were asked if they had ever had training in relaxation. This is not known to be incorporated in any PT programme but it is believed that this could be of real value to parents who would in turn model this for their children. Seventy six comma eight per cent of all the parents indicated that they had never been trained in how to relax. This was surprising as it is often talked and written about and forms part of many activities such as yoga and physical education. More than half of the respondents (56,3 %) said that they would like to know how to relax. It seems then as if this is something that should be incorporated into any PT course.

If we look at the subject of relaxation for the three racial groups separately, different facts emerge. The question was: Would you like to know how to relax?

TABLE 11

RELAXATION

Answered	Coloureds	Indians	Whites	Entire sample
I know already	25,4 %	28,4 %	47,0 %	32,2 %
Yes	65,6 %	59,0 %	40,0 %	56,3 %
No	9,0 %	12,6 %	13,0 %	11,5 %
TOTAL	100 %	100 %	100 %	100 %

A significantly greater number of whites maintain that they already know how to relax. In view of the assumed relationship of tension with the high incidence of cardio-vascular disease among the South African white population this makes an interesting finding. The belief of knowing how to relax does not support the known figures of tranquilliser prescriptions either. Perhaps the whites either do not practise relaxation or believe they know how to relax but do not really do so, or they are unaware of their tension.

Relaxation training has been well identified as assisting in reducing anxiety and in being able to cope better with life in general (Jakubowski & Lange, 1978: Butler, 1981). Relaxation procedures have been called *major therapeutic tools in their own right* (Rimm & Masters, 1979: 35).

6.8 PARENTING INFORMATION REQUIRED

The final question of the questionnaire was open-ended and asked what parents would like to know about children. The answers can be seen in Table 12.

TABLE 12

INFORMATION REQUIRED

Subject matter	Percentage who requested
Verbal communication	3,3
Home behaviour	2,3
School behaviour	1,5
Sex and related issues	1,7
Social behaviour	1,9
Emotional behaviour	3,6
Physical health	1,4
General parenting	24,4
*Other	51,9
Nothing	8,1
	100

*This includes the following:

- how to calm down a hyperactive child;
- to know about future conditions in RSA;
- how to bring up a mentally retarded child in the family;
- how to handle the situation when your husband is in love with your eldest daughter; and
- financial support of children at university.

Twenty-four comma four per cent of parents requested information on parenting in general. This figure appears to support the need for PT in the Republic of South Africa as it represents nearly one in four asking how to parent.

7. SUMMARY, CONCLUSION AND RECOMMENDATIONS

The results of the research show that:

(1) Coloureds, Indians and whites are generally unaware of PT and the purpose thereof.

(2) Very few people attend PT courses.

(3) The respondents agreed that there is an overwhelming need for PT and it is of great value (86,9 %).

(4) Friends and relations are as effective a source of referral as advertisements and articles.

(5) Churches and clinics seem to be the main PT organizers while social workers predominantly do the training. The author is of the opinion that this is an area in which all the helping professionals should be active.

(6) People believe that communication, teenage problems, school and learning difficulties and sex education can be handled by PT.

(7) More than half (61,5 %) of the respondents in the sample claimed that they were not experiencing any problems with their children at present. The author believes that the sensitivity of the question prevented honest responses.

(8) Only one quarter of Indian and coloured respondents reported knowing how to relax while 47,0 % of whites said they knew how to relax. This does not correlate with the known incidence of cardio-vascular disease among whites. This discrepancy might be due to the fact that the whites may not be aware of their own tension.

(9) One in four of the respondents requested information about parenting in general, therefore supporting the need for PT in the Republic of South Africa.

(10) The helping professions in the Republic of South Africa seem to concentrate on treatment rather than prevention. This correlates with Levant's (1983: 19) concern that trainers were laymen (26,1 % of the

trainers in this study were laymen or other than social workers, psychologists or teachers).

As with all abilities, parenting can be improved and PT has been shown to be successful though it is not the only answer, nor the final one. The need to look at the marital subsystem is not denied nor it's importance undervalued (Anthony & Benedek, 1970: 239; Mace, 1984: 7; and Quinton & Rutter, 1984: 247).

Gordon summed up the possible future of PT in the introduction to his paperback edition (1975) of Parent Effectiveness Training: *Perhaps by making available to youth the principles of effective, humanistic and democratic relationships, they will make better parents, better teachers, better leaders. That is our hope.*

As too few parents possess the skills to modify their relationships with children which is the critical requirement for preventing psychological disorders, parent training remains a priority in our society at this time (Gordon, 1971: 2). PT is a fraction of the costs in time and money in comparison to therapy (Gordon, 1971: 4), so let us expend our energy in the direction of effective parent training.

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	3

SECTION E: PARENT TRAINING

Questions in this section are answered only by respondents between the ages of 18 and 64 years (both ages being included) who have children or have had children or have brought up children. This includes adopted, foster and stepchildren. The children must have lived with the respondent for at least half of their childhood years i.e. up to 19 years of age.

CO-WORKER: DOES THE RESPONDENT QUALIFY TO ANSWER THIS SECTION?

Yes	1
No	2

If YES, continue with the interview.

If NO, conclude the interview.

E.1 Have you ever been a step-parent?

Yes	1		
No	2		6

E.2 Have you ever cared for other people's children for a continuous period of more than 6 months?

Yes	1		
No	2		7

E.3 Are you aware of parent training programmes or courses?

Yes	1		
No	2		8

IF NO PROCEED TO QUESTION E.11 →

	3

E.4.1 If YES at Question E.3, how did you find out about them?

Not applicable	0	
Through a friend or relative	1	
From a professional person	2	
From an advertisement or article	3	
By being approached personally	4	
Other means	5	9

E.4.2 Who offers or gives these programmes or courses?

Not applicable	0	
Church	1	
School	2	
Hospital	3	
Clinic	4	
Private practioner	5	
Other (specify):		10

E.5 What does such a programme or course cost?

Not applicable	0	
Nothing	1	
Less than R6 per person per session	2	
Between R6 and R10 per session	3	
Between R11 and R20 per session	4	
More than R20 per session	5	
I don't know	6	11

3

E.6 Have you ever attended a parent training course or programme?

	N.a.	0
IF YES ASK QUESTION E.7.1 ←	Yes	1
IF NO ASK QUESTION E.7.2 ←	No	2

12

E.7.1 If YES at Question E.6, who organized it? State fully.

.....

.....

NO = 00 .....

13-14

E.7.2 If NO at Question E.6, please explain why you have never attended a parent training course or programme and then proceed to Question E.11.

.....

.....

YES = 00 .....

15-16

E.8 How long was the programme or course?

Not applicable	0
Less than 1 day (i.e. session)	1
1 day	2
2 days	3
3 or more days	4
3 or more sessions	5
Ongoing	6
Other (please specify)	7

17

	3

E.9 Was or is it helpful?

Not applicable	0	
Most helpful	1	
Helpful	2	
Unsure	3	
No	4	18

E.10 Who actually gave the training?

Not applicable	0	
Social worker	1	
Teacher	2	
Psychologist	3	
Non-professional person	4	
Other (please specify)		19

START HERE

E.11 Do you think that parent training courses or programmes are or would be of

no value	1	
limited value	2	
certainly of value	3	
a great deal of value	4	20

	3

E.12 Do you think that there is a need for parent training in the community?

Yes	1	
No	2	
Unsure	3	21

E.13 If you as a parent have a problem to deal with your child/ children, you deal with it <u>mainly</u> by means of the following:

Letting the child grow out of it	1	
Reading books	2	
Talking to a friend	3	
Solving the problem by yourself without consulting books or other people	4	
Asking a professional person for help	5	
Attending a course	6	
Other (specify):		22

E.14 Do you think parenting (bringing up children) would have been easier for your parents if they could have had parent training?

Yes	1	
No	2	
Unsure	3	23

3

★ E.15 According to your opinion what kind of problems concerning the the bringing up of your children can be helped by parent training?

	Yes	No		
Communication problems between parents and children	1	2		24
Eating problems	1	2		25
Disobedience	1	2		26
Bed wetting	1	2		27
Thumb-sucking	1	2		28
Hair-pulling	1	2		29
Nail-biting	1	2		30
School-problems	1	2		31
Learning problems	1	2		32
Teenage problems	1	2		33
Fighting and arguing	1	2		34
Sex education	1	2		35
Stealing	1	2		36
Lying	1	2		37
Temper	1	2		38
Sleeping problems	1	2		39
Other (please specify)				40

E.16 What problems do you have with your child/children at the moment? Please specify.

..... 41-42

.....

	3

E.17 Have you ever been trained in how to relax?

Yes	1	
No	2	43

E.18 Would you like to know how to relax?

I know already	1	
Yes	2	
No	3	44

E.19 What would you like to know about children?

.....

.....

.....

..... 45-46

PROJECT NUMBER	M P S 0 V 0 9 4	73-80

I THE UNDERSIGNED HEREBY CERTIFY THAT THE RESPONDENT WAS ASKED ALL THE QUESTIONS IN THE QUESTIONNAIRE DURING THE INTERVIEW.

SIGNATURE: CO-WORKER

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